

Date:

2/25/08

Hon.

Lindsay

c/o

Lisa Hourihan

Deputy Clerk

United States District Court

2008 FEB 27 PM 3:26

Dear Clerk ::

I was sentenced by Judge Lindsay on MARCH 9, 2006 based on the sentencing guidelines that were then in effect regarding cocaine base. I believe that I am eligible to be resentenced, under the amended cocaine base guidelines, which have been made retroactive.

I cannot afford to hire an attorney. A completed financial affidavit is enclosed. I am respectfully requesting that the Court appoint counsel to represent me.

I do do not wish to be represented by the same lawyer who represented me at my original sentencing.

Sincerely,

Carlos Howell

Name:

CARLOS HOWELL / #25354-038

Address:

P.O. BOX 879

F.M.C. DEVENS

AYER, MA. 01432

Telephone:

IN UNITED STATES ☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)
 IN THE CASE OF

U.S. v. CARLOS HOWELL

FOR

AT

LOCATION NUMBER

25354-038

PERSON REPRESENTED (Show your full name)

CARLOS A. HOWELL

CHARGE/OFFENSE (describe if applicable & check box →)

☒ Felony
☐ Misdemeanor

Distribution cocaine base

- 1 ☐ Defendant—Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other

DOCKET NUMBERS

Magistrate

District Court

1.04 CR 10260 RCL
 Court of Appeals

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed	
		Name and address of employer: _____	
		IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment How much did you earn per month? \$ XXXXXX N/A
		If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED	SOURCES
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____		
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	VALUE	DESCRIPTION

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them
		<input checked="" type="checkbox"/> SINGLE	0	_____
		<input type="checkbox"/> MARRIED		_____
		<input type="checkbox"/> WIDOWED		_____
		<input type="checkbox"/> SEPARATED OR DIVORCED		
DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CREDIT ACCOUNTS, ETC.)	APARTMENT OR HOME	Creditors	Total Debt	Monthly Payment
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

2/25/08

SIGNATURE OF DEFENDANT
 (OR PERSON REPRESENTED)

CARLOS A. HOWELL

Inmate Inquiry

Inmate No.:
Inmate Name:
Report Date:
Report Time:

County Institution:
Housing Unit:
Living Unit:

General Information | Account Balances | Commissary History | Commissary Restrictions | Comments

General Information

Administrative Hold Indicator: No
No Power of Attorney: No
Never Waive NSF Fee: No
Max Allowed Deduction %: 100
PIN: 7015
PAC #: 029332161
FRP Participation Status: Completed
Arrived From: FTD
Transferred To:
Account Creation Date: 4/27/2006
Local Account Activation Date: 4/11/2007 3:31:37 AM

Sort Codes:
Last Account Update: 2/8/2008 9:28:28 PM
Account Status: Active
Phone Balance: \$0.14

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance:	\$30.82
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00
Outstanding Negotiable Instruments:	\$0.00
Administrative Hold Balance:	\$0.00
Available Balance:	\$30.82
National 6 Months Deposits:	\$452.66
National 6 Months Withdrawals:	\$440.51
National 6 Months Avg Daily Balance:	\$7.30
Local Max. Balance - Prev. 30 Days:	\$90.13
Average Balance - Prev. 30 Days:	\$26.16